



DEPARTMENT OF HEALTH AND HUMAN SERVICES

NAVAJO AREA  
INDIAN HEALTH SERVICE



VACANCY ANNOUNCEMENT:  
CH-08-128

OPENING DATE:  
October 10, 2008

CLOSING DATE:  
October 24, 2008

POSITION:  
HEALTH TECHNICIAN (OPTOMETRY)

LOCATION AND DUTY STATION:  
PHS INDIAN HOSPITAL, CHINLE, AZ  
DUTY STATION: PINON HEALTH CENTER, PINON, AZ

GRADE/SALARY  
GS-0640-07, \$36,822 PER ANNUM;  
GS-0640-06, \$33,135 PER ANNUM;

NUMBER OF VACANCIES  
ONE (1) VACANCY (PCN: 086703)

APPOINTMENT:  
● PERMANENT  
● TEMPORARY  
NTE: \_\_\_\_\_

WORK SCHEDULE:  
● FULL-TIME  
● PART TIME  
● INTERMITTENT

AREA OF CONSIDERATION:  
● COMMUTING AREA  
● NAVAJO AREA WIDE  
● IHS WIDE  
● DHHS WIDE

SUPERVISORY/MANAGERIAL:  
YES, MAY REQUIRE ONE YEAR PROBATION  
● NO

PROMOTIONAL POTENTIAL:  
● YES, TO GRADE 7  
● NO KNOWN POTENTIAL

HOUSING  
YES, GOVERNMENT HOUSING MAYBE AVAILABLE  
● PRIVATE HOUSING ONLY

TRAVEL/MOVING  
MAYBE PAID FOR ELIGIBLE EMPLOYEES  
● NO EXPENSES PAID

**DUTIES:** The position is located in the Optometry Department, Pinon Health Center, Pinon, Arizona. The incumbent greets and receives patients/customers in a professional and friendly manner, promotion quality customer service and patient satisfaction. Assists with scheduling clinical appointments when necessary. Manages the optical activities of the Department by maintaining stock and keeping the frame selection current according to the eyeglass contract and according to Medicaid/Medicare reimbursement scheduling. Performs complicated frame measurements and adjustments ensuring a cosmetically, physically, and optically optimum spectacle performance and repair simple damaged or broken frames. Meets with frame representatives and coordinates frame selection and availability. Performs screening which include: visual acuity, confrontation fields, inter-pupillary distance measurements, lens neutralization manually or automated. Performs other tests which is requested by the optometrist. Performs retinal photography to assist with the photo documentation. Performs optic nerve topography to assist with glaucoma management. Provides and assists one-to-one, group and community patient education in Navajo and English relative to optical and ocular disease conditions. Assists in school vision screening. Provides statistical reports from the RPMS describing monthly activities for third party information and patient registration edits to the supervisor. Prepares Contract Health Service forms, verifies Medicaid and Medicare eligibility. Inputs patient encounters using diagnostic and billing codes pertaining to refractive services. Inputs billing information for Medicaid recipients in a timely manner. Works closely with Patient Registration, Patient Accounts, and the Business Office to coordinate the billing activities. Verifies medical records for proper documentation. Prepares monthly billing statement/reports. Performs other related duties as assigned.



THIS POSITION IS LOCATED IN A SMOKE-FREE ENVIRONMENT 



**QUALIFICATION REQUIREMENTS: YOUR DESCRIPTION OF WORK EXPERIENCE, LEVEL OF RESPONSIBILITY, AND ACCOMPLISHMENTS WILL BE USED TO DETERMINE THAT YOU MEET THE FOLLOWING REQUIREMENTS.**

**POSITIVE EDUCATION REQUIRED:** NO

**LICENSURE REQUIRED:** NO

**BASIC QUALIFICATIONS:** Candidates must have had 52 weeks of specialized experience equivalent to at least the GS-05 grade level to qualify for the GS-06 grade level. Candidates must have had 52 weeks of specialized experience equivalent to at least the GS-06 grade level to qualify for the GS-07 grade level.

**SPECIALIZED EXPERIENCE:** Positions in this series range widely in type and include support duties to medical or health personnel health personnel such as audiologist, speech pathologist, medical officers and optometrists. Therefore, technician experience is experience that required application of the knowledge, methods and techniques of the position to be filled. Examples of the type of experience to be credited are: providing technical duties relating to optometry and working with the Business Office relating to the billing of service provided.

**SUBSTITUTION OF EDUCATION FOR EXPERIENCE:** NOT APPLICABLE.

**SELECTIVE PLACEMENT FACTOR:** NONE.

1. **TIME-IN-GRADE REQUIREMENTS:** Candidates applying under the provisions of the Merit Promotion Plan must have completed 52 weeks of experiences at the GS-06 level to qualify for the GS-07 level.

**CONDITIONS OF EMPLOYMENT:** Immunization requirements- all persons born after 12-31-56 must provide proof of immunity to Rubella and Measles. Serology testing to confirm immunity and/or immunization will be provided free of charge. Special consideration may be allowed to individuals who are allergic to a component of a vaccine, have a history of severe reaction to a vaccine, or who are currently pregnant. This applies to candidates for positions in any Service Unit or any Area Office position that requires regular work at a Service Unit.

**REASONABLE ACCOMMODATIONS:** This agency provides reasonable accommodations to applicants with disabilities. If you need a reasonable accommodation for any part of the application and hiring process, please notify the agency. The decision on granting reasonable accommodation will be on a case-by-case basis.

**LEGAL AND REGULATORY REQUIREMENTS:** Candidates must meet time-after-competitive appointment, time-in-grade, and qualification requirements by the closing date of the vacancy announcement.

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**NOTE:** Refer to OPM Handbook Qualification Standards, Series GS-0640 for complete information. Substitution of education for experience will be made in accordance with those standards. For more complete information contact your Servicing Personnel Office. In order to obtain educational credit, you are required to provide college transcripts by the closing date of this announcement.

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**WHO MAY APPLY:**

**Merit Promotion Plan (MPP) Candidates:** Applications will be accepted from status eligibles (e.g., reinstatement eligibles and current permanent employees in the competitive Federal service) and from current permanent IHS employees in the Excepted Service who are entitled to Indian Preference.

**Excepted Service Examining Plan (ESEP) Candidates:** Applications will be accepted from individuals entitled to Indian Preference. Current permanent IHS Excepted Service employees and Competitive Service employees or Reinstatement eligibles entitled to Indian Preference may also apply under the provisions of the Indian Health Service Examining Plan.

These candidates MUST indicate on their resume or, application, whether their resume or application is submitted under the IHS Excepted Service Examining Plan, the IHS Area Merit Promotion Plan or both.

Applications will also be accepted from individuals eligible for non-competitive appointment (e.g., applicants eligible for appointment under the Veterans Readjustment Act, the severely handicapped, those with a 30% or more compensable service-connected disability).

**VETERANS:** Veterans who are preference eligibles or who have been separated from the armed forces under honorable conditions after 3 years of more of continuous active service may apply.

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**INFORMATION FOR DISPLACED EMPLOYEES REQUESTING SPECIAL SELECTION PRIORITY CONSIDERATION UNDER THE INTERAGENCY CAREER TRANSITION ASSISTANCE PROGRAM (ICTAP).**

If you are a displaced Federal employee you may be entitled to receive special priority consideration under the ICTAP. To receive this priority consideration, you must:

1. Be a displaced Federal employee. You must submit a copy of the appropriate documentation such as RIF separation notice, a letter from OPM or your agency documenting your priority consideration status with your application package. The following categories of candidates are considered employees.
  - A. Current or former career or career-conditional (tenure group I or II) competitive service employees who:
    - 1)Received a specific RIF separation notice; or
    - 2)Separated because of a compensable injury, whose compensation has been terminated, and whose former agency certifies it is unable to place; or
    - 3)Retired with a disability and whose disability annuity has been or is being terminated; or
    - 4)Upon receipt of a RIF separation notice retired on the effective date of the RIF and submits a Standard Form 50 that indicates "Retirement in lieu of RIF"; or
    - 5)Retired under the discontinued service retirement option; or
    - 6)Was separated because he/she declined a transfer of function or directed reassignment to another community area. OR
  - B. Former Military Reserve or National Guard Technician who are receiving a special Office of Personnel Management (OPM) disability retirement annuity under section 8337(h) or 8456 of Title 5 United States Code.
2. Be applying for a position at or below the grade level of the position for which you have been separated. The position must not have greater promotion potential than the position for which you were separated.
3. Have a current (or last) performance rating of record of at least fully successful or equivalent. This must be submitted with your application package. (This requirement does not apply to candidates who are eligible due to compensable injury or disability retirement).
4. Occupy or be displaced from a position in the same local commuting area of the position for which you are requesting priority consideration.
5. File your application by the vacancy announcement closing date and meet all the application criteria (e.g., submit all required documentation, etc.).
6. Be rated well qualified by achieving a score of 80 on a rating scale of 70 to 100 for the position including documented selective factors, quality ranking factor, physical requirements with reasonable accommodations and is able to satisfactorily perform the duties of the position upon entry.

**EVALUATION CRITERIA:** Evaluation will be made of Experience, Performance Appraisal, Training, Letters of Commendation, Self-Development, Awards and Outside Activities that are related to the position. To receive full credit for your qualifications, provide a narrative statement that fully describes all aspects of your background as they relate to the knowledge, skills, and abilities (KSA's) outlined below and show the level of accomplishment and degree of responsibility.

The KSA's in your narrative statement will be the principle basis for whether or not you are highly qualified for the position. Describe your qualifications in each of the following:

1. **KNOWLEDGE OF CERTAIN BASIC EYE CONDITIONS**
2. **KNOWLEDGE OF FRAME FITTING, ADJUSTMENT, LENS MATERIALS AND CHARACTERISTICS**
3. **KNOWLEDGE OF BASIC VISION SCREENING INSTRUMENTS, SEVERAL DIFFERENT VISUAL ACUITY MEASUREMENT METHODS, INSTRUMENTATION, TESTS AND CONDITIONS**
4. **KNOWLEDGE OF SLIT LAMP USE INCLUDING ANTERIOR CHAMBER ANGLE ESTIMATION PRIOR TO INSTILLATION OF DILATING AGENTS**
5. **KNOWLEDGE OF OPHTHALMIC AND MEDICAL INSTRUMENTATION AND EQUIPMENT**
6. **KNOWLEDGE OF TECHNICAL METHODS TO PERFORM NON INVASIVE PROCEDURES, TESTS, ETC., THAT INVOLVE THE USE OF SPECIALIZED COMPLICATED TECHNIQUES**
7. **ABILITY TO TRANSLATE NAVAJO INTO ENGLISH AND VICE VERSA**

(SEE ATTACHED SUPPLEMENTAL QUESTIONNAIRE FOR DEFINITIONS).

**NOTE: "Declaration for Federal Employment" (OF-306), AND Addendum to the OF-306 (Child Care & Indian Child Care Worker Positions), BOTH forms, must be completed and submitted with original signature to determine your suitability for Federal employment, to authorize a background investigation, and to certify the accuracy of all the information in your application. Responding yes to any one of these two questions can make you ineligible for**

employment in this position. **If you make a false statement in any part of your application, you may not be hired; you may be fired after you begin work; or you may be fined or jailed.**

**“DESIGNATION OF CHILD CARE POSITION UNDER PL 101-630 AND PL 101-647”**

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**HOW & WHERE TO APPLY:** All applicants, except Commissioned Officers, must submit one of the following to the PHS Indian Hospital, Human Resource Branch, PO Drawer PH, Chinle, Arizona 86503, **BY CLOSE OF BUSINESS (5:00 P.M.) ON THE CLOSING DATE:**

1. OF-612, Optional Application for Federal Employment; OR
2. \*\*Resume; OR
3. \*\*Any other written application format; PLUS Official Transcript of college courses; copy of your most recent performance appraisal and any other necessary documentation pertinent to the position being filled.

**FOR MORE INFORMATION CONTACT:** Charlotte Denetchee, Human Resources Specialist, (928) 674-7031 or [Charlotte.Denetchee@ihs.gov](mailto:Charlotte.Denetchee@ihs.gov)

**A copy of an Official Bureau of Indian Affairs Preference Certificate, BIA Form 4432, signed by the appropriate BIA Official, must be submitted if the applicant claims Indian Preference. Navajo Area Indian Health Service Employees claiming Indian Preference need not submit the BIA Form 4432, but MUST state that such documentation is contained in their Official Personnel Folder.**

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**\*\*INFORMATION REQUIRED FOR RESUMES AND OTHER APPLICATION FORMATS:** Resumes or other application formats must contain all of the information listed below in sufficient detail to enable the personnel office to make a determination that you have the required qualifications for the position. **SPECIFICALLY, THE INFORMATION PROVIDED UNDER #8 (HIGH SCHOOL), #9 (COLLEGES AND UNIVERSITIES), AND #10 (WORK EXPERIENCE) WILL BE USED TO EVALUATE YOUR QUALIFICATIONS FOR THIS POSITION. FAILURE TO INCLUDE ANY OF THE INFORMATION LISTED BELOW MAY RESULT IN LOSS OF CONSIDERATION FOR THIS POSITION.**

1. Announcement Number, Title and Grade of the job for which you are applying.
2. Full Name, Mailing Address (with zip code) and Day and Evening Phone Numbers (with area codes);
3. Social Security Number;
4. Country of Citizenship;
5. Veteran's Preference Certificate – DD-214, indicating Discharge and/or SF-15 – if claiming 10-points. Veteran's Preference is not applicable to current DHHS permanent employees, Federal employees with competitive status, or reinstatement eligibles;
6. Copy of latest SF-50, Notification of Personnel Action, if current or prior employee;
7. Highest Federal civilian grade held (give series and dates held);
8. High school – Name, City, State (zip code if known), and date of Diploma or GED;
9. Colleges and Universities – Name, City, State (zip code if known), Majors, Type and Year of any Degrees received (if no Degree shows Total semester or Quarter Hours earned). (Attach Transcripts);
10. Work Experience (paid and nonpaid) – Job, title, duties and accomplishments, Employer's Name and Address, Supervisor's Name and phone number, starting and ending dates (month/year), hours/week, and salary.
11. Indicate if we may contact your current Supervisor.
12. Job-related Training courses, Skills, Certificates, Registrations and Licenses (current only), Honors, Awards, Special Accomplishments.

THIS OFFICE WILL NOT SOLICIT ADDITIONAL INFORMATION

**WE WILL NOT ACCEPT APPLICATIONS RECEIVED BY FAX, E-MAIL OR ELECTRONIC RESUMES.**

**NOTE:** Applicants who do not submit the information requested above will be given credit only for the information they provide and may not, therefore, receive full credit for their Veteran's Preference determination, Education, Training and/or Experience.

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**ADDITIONAL SELECTIONS:** Additional or alternate selections may be made within 90 days of the date of the certificate issued if the position becomes vacant or to fill an identical additional position in the same geographic location.

**INDIAN PREFERENCE:** Preference in filling vacancies is given to qualified Indian candidates in accordance with the Indian Preference Act. In other than the above, the IHS is an Equal Opportunity Employer.

**SELECTIVE SERVICE CERTIFICATION:** If you are a male born after December 31, 1959, and you want to be employed by the Federal Government, you must (subject to certain exemptions) be registered with the Selective Service System.

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**EQUAL EMPLOYMENT OPPORTUNITY:** SELECTION FOR POSITIONS WILL BE BASED SOLELY ON MERIT WITH NO DISCRIMINATION FOR NON-MERIT REASONS SUCH AS RACE, COLOR RELIGION, GENDER, SEXUAL ORIENTATION, NATIONAL ORIGIN, POLITICS, MARITAL STATUS, PHYSICAL HANDICAP, AGE OR MEMBERSHIP OR NON-MEMBERSHIP IN AN EMPLOYEE ORGANIZATION. PROMOTION OR APPOINTMENTS WILL NOT BE BASED ON PERSONAL RELATIONSHIP OR OTHER TYPES OF PERSONAL FAVORITISM OR PATRONAGE.

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HUMAN RESOURCE CLEARANCE

DATE

**EACH APPLICATION FORM AND DOCUMENT FORM MUST BE INDIVIDUALLY IDENTIFIED BY THIS ANNOUNCEMENT NUMBER CH-08-128. ALL ORIGINAL DOCUMENTS AND COMPLETED APPLICATION FORMS MUST BE DUPLICATED BY THE APPLICANT BEFORE SUBMISSION AS WE DO NOT HONOR REQUESTS FOR COPIES. COMPLETED FORMS WHEN SUBMITTED BECOME THE PROPERTY OF THIS HUMAN RESOURCE OFFICE AND WILL NOT BE RETURNED.**

**SUPPLEMENTAL QUESTIONNAIRE  
HEALTH TECHNICIAN (PHN), GS-0640-06/07  
CHINLE HEALTH CENTER, CHINLE, AZ**

1. **KNOWLEDGE OF CERTAIN BASIC EYE CONDITIONS.** The person in this position should possess the knowledge of certain basic eye conditions such as myopia, hyperopia, astigmatism, prebyopia, cataracts, glaucoma pterygia, etc. to assist in and reinforce the optometrists patient education program. What in your background shows you possess this knowledge?

**What was the duration of these activities?**

**Who can verify this information? (Please provide a telephone number)**

2. **KNOWLEDGE OF FRAME FITTING, ADJUSTMENT, LENS MATERIALS AND CHARACTERISTICS.** This knowledge is to select the sizes and materials best suited for optimum visual performance for each patient. What in your background shows you possess this knowledge?

**What was the duration of these activities?**

**Who can verify this information? (Please provide a telephone number)**

3. **KNOWLEDGE OF BASIC VISION SCREENING INSTRUMENTS, SEVERAL DIFFERENT VISUAL ACUITY MEASUREMENT METHODS, INSTRUMENTATION, TESTS AND CONDITIONS.** This is the knowledge to perform/use basic vision screening instruments, several different visual acuity measurement methods, instrumentation, tests and conditions to properly conduct patient screenings. What in your background shows you possess this knowledge?

**What was the duration of these activities?**

**Who can verify this information? (Please provide a telephone number)**

4. **KNOWLEDGE OF SLIT LAMP USE INCLUDING ANTERIOR CHAMBER ANGLE ESTIMATION PRIOR TO INSTILLATION OF DILATING AGENTS.** This is the knowledge of a slit lamp examination and its use relative to the anterior chamber angle and instillation of dilating agents. What in your background shows you possess this knowledge?

**What was the duration of these activities?**

**Who can verify this information? (Please provide a telephone number)**

5. **KNOWLEDGE OF OPHTHALMIC AND MEDICAL INSTRUMENTATION AND EQUIPMENT.** This is the knowledge of ophthalmic instruments and equipment such as the lensometer, visual field analyzers (two different types), Goldman tonometer, autorefractor, and camera for photo documentation necessary in assisting the Chief Optometrist or his/her delegate. What in your background shows you possess this knowledge?

**What was the duration of these activities?**

**Who can verify this information? (Please provide a telephone number)**

6. **KNOWLEDGE OF TECHNICAL METHODS TO PERFORM NON INVASIVE PROCEDURES, TESTS, ETC., THAT INVOLVE THE USE OF SPECIALIZED COMPLICATED TECHNIQUES.** This is the knowledge to perform tests and technical procedural methods necessary for the testing of extra ocular muscle balance, confrontation visual fields, pupillary reactions, and bandages contact lens placement and evaluation. What in your background shows you possess this knowledge?

**What was the duration of these activities?**

**Who can verify this information? (Please provide a telephone number)**

7. **ABILITY TO TRANSLATE NAVAJO INTO ENGLISH AND VICE VERSA.** This is knowledge of such factors as Cultural customs, traditions, and language to assist patients. The incumbent should speak fluently in both English And Navajo as most cases requiring extensive case management services involving patients who cannot understand Or speak English. What in your background shows you possess this ability?

**What was the duration of these activities?**

**Who can verify this information? (Please provide a telephone number)**

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**CERTIFICATION**

**I, CERTIFY THAT ALL OF THE STATEMENTS MADE IN THE ABOVE QUESTIONNAIRE ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH.**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**